

Severe Dyspepsia, Hypergastrinemia and Duodenal Ulcers while on Long Term Proton Pump Inhibitor Therapy for GERD

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Purpose: Proton pump inhibitors (PPI) are among the most commonly prescribed drugs and have a very good safety profile with few, if any, serious adverse effects. Over the years, long term PPI use have been associated with hypergastrinemia, osteoporosis, pneumonia, interstitial nephritis, gallbladder dyskinesia and an increased risk of bacterial enteric infections. There have also been some reports which raise theoretical concerns that PPI's may be a trigger for carcinogenesis. Although hypergastrinemia is a well known side effect of long term PPI therapy, we describe a patient who developed severe dyspepsia and multiple duodenal ulcers while on PPIs and whose symptoms resolved completely after cessation of the drug. Case Report: A 53-year-old male was seen as an outpatient for complaints of bloating, early satiety and left upper quadrant abdominal pain. His past history was significant for gastroesophageal reflux disease (GERD) for which he had two prior upper endoscopies and was on a proton pump inhibitor for the last five years. He denied any usage of new medications nor did he smoke or consume alcohol. He was not on aspirin or nonsteroidal anti-inflammatory drugs. Serum gastrin was 800 pg/ml. The endoscopy showed grade A esophagitis, gastritis and multiple duodenal ulcers from the bulb to the second portion of the duodenum. Patient's gastric pH was above 4. Pathology report was negative for helicobacter pylori and atrophic gastritis. The patient was instructed to stop taking the proton pump inhibitor and was started on H2 receptor antagonists. While the patient was waiting for an octreotide scan, he had complete resolution of symptoms within a week. Repeat s-gastrin was normal within 2 wks. The patient has been monitored as an outpatient for the last five months with no flare-up of symptoms. To our knowledge, dyspepsia, hypergastrinemia and duodenal ulcers in the presence of normal gastric pH, correlated with long term PPI use has never been reported.

Methods: NA

Results: NA

Conclusion: NA